



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEJAS ANESTHESIA
4242 MEDICAL DRIVE SUITE 3100
SAN ANTONIO TX 78229

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-09-A742-01

MFDR Date Received

JULY 22, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Total units billed 716.3X\$53.68=\$874.98 this is the WC fee schedule that shld have been allwd for the services. Tejas Anesthesia no longer has a contract with AETNA WC Access."

Amount in Dispute: \$628.63

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed anesthesia services, CPT code 01320, to Texas Mutual 4/20/09. Terxas Mutual applied the terms of the PPO contract to the billing. This resulted in a payment of \$246.35...The requestor asserts it is no longer participating in that PPO network and is due an additional \$628.63. Texas Mutual does not agree. Further, the requestor has not provided any evidence to support its assertion it is not participating in the PPO network. Because the requestor has the burden of proof it must show something to substantiate its assertion. Until it can substantiate it was not a participating in the PPO network of 4.20/09 Texas Mutual will continue to deny any additional payment is due."

Response submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 20, 2009	CPT Code 01320-AA	\$628.63	\$574.95

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, 33 TexReg 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- CAC-45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use group codes PR or CO depending upon liability).
- CAC-W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 793-Reduction due to PPO contract. PPO contract was applied by Focus/Beech Street.
- 891-The insurance company is reducing or denying payment after reconsideration.

Issues

1. Does the submitted documentation support that a contractual agreement issue exists in this dispute?
2. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent reduced the payment for CPT code 01320-AA based upon reason codes "CAC-45 and 793."

The respondent states in the position summary that "The requestor asserts it is no longer participating in that PPO network and is due an additional \$628.63. Texas Mutual does not agree. Further, the requestor has not provided any evidence to support its assertion it is not participating in the PPO network."

The requestor submitted a copy of an email from Charles Mendiola at Aetna Network Account Manager, that "the AWCA network expired for Tejas Anesthesia physicians effective 15 June 2008."

Therefore, a contractual agreement issue does not exist in this dispute. The disputed services will be reviewed per applicable Division rules and guidelines.

2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code 134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

The requestor billed the disputed anesthesiology service using the "AA" modifier that is described as "Anesthesia services performed personally by anesthesiologist."

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance.

The Division reviewed the submitted anesthesia report and finds the anesthesia was started at 1405 and ended at 1654, for a total of 169 minutes. Per Trailblazers Health Enterprises, LLC 2009 Anesthesia Manual "The 15-minute time interval will be divided into the total time indicated on the claim. Total time should always be accurately reported in minutes. Actual time units will be paid; no rounding will be done up to the next whole number – only round to the next tenth." Therefore, the requestor has supported $169/15 = 11.3$.

Per 28 Texas Administrative Code §134.203(b)(1) the base unit for CPT code 01320 is 4.

The DWC Conversion Factor is \$53.68.

The MAR for CPT code 01320-AA is: (Base Unit of 4 + Time Unit of 11.3) X \$53.68 DWC conversion factor = \$821.30. Previously paid by the respondent is \$246.35. The difference between the MAR and amount paid is \$574.95.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$574.95.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$574.95 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	6/20/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.